



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St. Dominic Savio Nursing Home
Name of provider:	Smith Hall Limited
Address of centre:	Cahilly, Liscannor, Clare
Type of inspection:	Unannounced
Date of inspection:	02 August 2023
Centre ID:	OSV-0000450
Fieldwork ID:	MON-0040971

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Dominic Savio nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 28 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located in a rural area close to the coastal village of Liscannor. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors' rooms as well as a garden patio area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 August 2023	07:00hrs to 16:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

Feedback from residents was that this centre was a good place to live, and that staff were very attentive to their needs. There was evidence that residents were provided with good standards of care and support by staff who were kind, caring and familiar with their needs.

The inspector arrived unannounced in the centre at 7am and was met by night staff. Following an introductory meeting with the staff nurse on duty, the inspector walked through the centre. A small number of residents, who were up and dressed, were having a cup of tea in the dining room. They told the inspector that they always liked to get up early in the morning. The remainder of residents were in bed and the inspector observed that staff provided residents with care and support in a respectful and unhurried manner as residents prepared to get up for the day. The atmosphere was calm and relaxed throughout the centre.

The designated centre was a single-storey, purpose-built facility located in a rural area outside the village of Liscannor, County Clare. The centre provided accommodation for 28 residents which comprised of single and twin occupancy bedrooms. The centre was observed to be clean, tidy and generally well maintained. All areas were found to be appropriately decorated, with communal rooms observed to be suitably styled and comfortable. Corridors were equipped with appropriate handrails to assist residents to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. There was also safe, unrestricted access to an outdoor area for residents to use.

As the day progressed, the inspector spent time in various areas of the centre chatting to residents and staff, and observing staff provide care and support to residents. The majority of residents sat together in the sitting room and dining room, while other residents told the inspector they preferred to stay in their bedrooms. Residents were observed to be content as they went about their daily lives. Friendly conversations were overheard between residents and staff and there was a relaxed, happy atmosphere in the centre. The inspector observed that residents' choices and preferences were respected.

Throughout the day, many residents were happy to talk with the inspector, and those residents who were unable to speak with the inspector were observed to be content in their surroundings. Residents told the inspector that staff treated them very well and that they had everything they needed. They said that staff were always available to them and that they felt safe in the centre. Residents confirmed that friends and families were facilitated to visit, and inspectors observed visitors coming and going throughout the day.

Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of the food provided. Staff members were available to support and assist residents at

mealtimes, and when refreshments were served.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities. The inspector observed group and one-to-one activities taking place throughout the day. Residents were also provided with access to television, radio, newspapers and books.

In summary, residents in this centre were observed receiving a good service from a team of staff that were committed to supporting the residents to have a good quality of life.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated Centres for older people) Regulations 2013 (as amended). The inspector reviewed information received by the Chief Inspector of Social Services in relation to changes to the organisational structure of the centre. This inspection confirmed that changes to the governance arrangements in the centre were in progress. The inspector also reviewed the detail of unsolicited information relating to concerns about resident care received by the Chief Inspector of Social Services since the last inspection. This information was reviewed and found to be unsubstantiated.

Overall, the inspector observed that, on the day of the inspection, that further improvements had been made to the management of the centre to ensure the quality and safety of the services provided to residents were of a good standard. The findings of this inspection were that the provider had taken action, following the previous inspection, to ensure that individual assessment and care planning was carried out in line with the requirements of the regulation. However, while the provider had taken some action to comply with the regulations in respect of governance and management and notifications of incidents, further action was now required in relation to governance and management and the management of records to achieve full regulatory compliance.

The registered provider of this designated centre was Smith Hall Limited. The inspector was informed of recent changes to the company structure, with the addition of a second director of the company. The two directors were both involved in the day-to-day operation of the centre. There was also a new director of nursing in post, who the provider had put forward as the new person in charge in the centre. A notification was submitted to the Office of Chief Inspector in respect of the

new person in charge, in line with regulatory requirements, which was under review at the time of the inspection.

The director of nursing had previously worked as an assistant director of nursing in the centre and was therefore very familiar with residents and staff. They were supported in their role by a full complement of staff including clinical nurse managers, nursing and care staff, housekeeping, activity and catering staff. All staff were aware of the recent management changes, and of the lines of authority and accountability within the centre.

On the day of the inspection, staffing and skill mix were appropriate to meet the assessed needs of residents. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents. Staff demonstrated an understanding of their roles and responsibilities and teamwork was evident throughout the day. A review of the staffing roster found that there were some improvements in the staffing levels since the previous inspection. For example, the number of nurses available was sufficient to cover all nursing shifts, and the provider had reviewed the staffing model to ensure laundry duties were not allocated to care staff. The provider had also increased the number of staff on night duty from two staff to three staff. The hours of direct care available to residents during the day had been reallocated to allow for the extra staff member at night.

The provider had management systems in place to ensure the quality of the service was monitored. A range of audits had been completed which reviewed practices such as infection prevention and control practices, care planning and management of the environment. The director of nursing had developed a quality improvement plan for the remainder of 2023. However, some of the known risks in the centre, identified on previous inspection had not been identified and therefore not appropriately addressed by the provider. For example, the inspector found repeated evidence of poor records management and an incident that was not notified to the Office of the Chief Inspector, as required by Regulation 31: Notification of incidents.

There were effective communication systems in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by the inspector showed that a range of topics were discussed such as restrictive practice, communication, housekeeping and other relevant issues.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not ensure that the service was effectively monitored. This was evidenced by;

- the record management system in place did not ensure that records were maintained in line with the regulations. For example, a number of staff files did not contain the documents set out in Schedule 2 of the regulations.
- notifications of incidents were not always submitted to the Office of the Chief Inspector, in line with regulatory requirements.

Judgment: Substantially compliant

Quality and safety

The inspector observed that residents living in this centre received care and support that was of an appropriate standard. Residents told the inspector that they felt safe and that they were satisfied with the quality of the service they received. The inspector observed that residents' rights and choices were upheld. Staff were respectful and courteous with residents.

The centre had recently introduced an electronic clinical documentation system and was in the process of transitioning from a paper based system of care records to electronic records. The inspector reviewed a sample of four resident care files and found evidence that residents had an assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred in line with regulatory requirements. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care, with residents' general practitioners (GP) providing on-site reviews. Residents were also facilitated to access to other health care professionals, in line with their assessed need.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and the inspector found that there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. Records reviewed showed that appropriate risk assessments had been carried out.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including activities, fire safety, menus and staff issues. Residents had access to an

independent advocacy service.

The management of risk in the centre was guided by the risk management policy and associated policies that addressed specific issues of risk to residents' safety and wellbeing. There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to

maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their GP. Residents also had access to a range of allied health care professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Dominic Savio Nursing Home OSV-0000450

Inspection ID: MON-0040971

Date of inspection: 02/08/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of our record management system took place on 07/09/2023, where we decided to add an additional role of administrator with specific focus on human resources ensuring that all staff files were kept up to date in accordance with the regulations. This role has been filled by on boarding a new staff member and all staff files are currently being audited.</p> <p>A review of our handling of notifications took place on 07/09/2023. All recorded incidents will be reported to the person in charge and registered provider and a notification will be submitted to the office of the chief inspector if required.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2023